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REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 4578-0113PUS1																																											
Application No. 10/522,248-Conf. #8811	Filing Date January 25, 2005	Examiner L. Roberts	Art Unit 1614																																												
Applicant(s): Yasuo HINO et al.																																															
Invention: MOUTH WETTING AGENT																																															
<p><b>MS AF</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.          The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th style="text-align: center;">Claims Remaining After Amendment</th> <th style="text-align: center;">Highest Number Previously Paid</th> <th style="text-align: center;">Number Extra Claims Present</th> <th style="text-align: center;">Rate</th> <th></th> </tr> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td><b>Independent Claims</b></td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;"><b>0.00</b></td> </tr> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Large Entity             <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span> </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment.         </p> <p> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.          A duplicate copy of this sheet is enclosed.         </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.         </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u>          as described below. A duplicate copy of this sheet is enclosed.         </p> <p> <input checked="" type="checkbox"/> Credit any overpayment.         </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.         </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><i>Robert E. Gargner #42,593</i></p> <p>James M. Slattery              Attorney Reg. No.: 28,380</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP              8110 Gatehouse Road              Suite 100 East              P.O. Box 747              Falls Church, Virginia 22040-0747              (703) 205-8000</p> </div> <div> <p>Dated: <u>November 22, 2006</u></p> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	4	- 20 =	0	x 50.00	0.00	<b>Independent Claims</b>	2	- 3 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
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Docket No.: 4578-0113PUS1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Yasuo HINO et al.

Application No.: 10/522,248

Confirmation No.: 8811

Filed: January 25, 2005

Art Unit: 1614

For: MOUTH WETTING AGENT

Examiner: L. Roberts

**AMENDMENT IN RESPONSE TO FINAL OFFICE ACTION**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the final Office Action dated August 23, 2006, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 4 of this paper.